## OFFICIAL FILE TLLINOIS COMMERCE COMMISSEURMAL COMPLAINT

For Commission Use Only:
Case: 3 - 03 (5)

Illinois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701 ORIGINAL

Regarding a complaint by (Person making the complaint): $CECULA MILOTTI$	
Against (Utility name): ATOT	
As to (Reason for complaint) 1 +1AIS TO FILE ANOTHER COMPANIOT	W/THE ICE TO
RECEIVE MY 850 INTERNET REBATE, WHICH I THEN RE	FORWER AS A
CREDIT, THEY DIG NOT PROVIDE THE FEATURES & WHEN I CHANGED MY PLAN IN HIS in Illinois.	ESCRIBED TOME AY QOOG
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:	
My mailing address is 432 Moseucood Ave We	unetha, 4 60093
The service address that I am complaining about is The Same	
My home telephone is $[847] 446 - 7339$	
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [847] 446-7339	
(Full name of utility company) ATX (respond to the provisions of the Illinois Public Utilities Act.	ent) is a public utility and is subject
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved w	ith your compaint.
Part 735	ECOMMISSION 131 P 1: 55 LERK'S OF FICE
	m V
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?	Xes No
Has your complaint filed with that office been closed?	☐ Yes 🄀 No

Please state your complaint briefly. Number each of the paragrap	ohs. Please include time period and dollar amounts involved with your complaint. Use an
9 months and a complant	
Twas supposed to get bu	1 - Sill den ach
a 2 line plan with a d	rice of a features. My third line
accident to the second	one and ection at all They put
a line holler on the list le	line and gave me the delice
I supposed to be received	A. At the mediation hearing the ATT
Please clearly state what you want the Commission to do in this	are not responsible for enors by their
I want the same 2 j	eatures & have on 847-446-733
uniting and caller 18	Thank you
Date: June 8, 2007	Complainant's Signature Sedica Allic
(Month, day, year)	
If an attorney will represent you, please give the attorney's name	e, address, and telephone number.
You need to file the original with the Commission. Also, provide o	ne copy for each utility complained about (referred to as respondents).
	VERIFICATION
A notary public must witness the completion of this part of the fo	<mark>Irm.</mark> Santanan kanangan ka
I. <u>CECILE</u> M. MILOTTI  The contents of this petition are true to the best of my knowledge	first being duly sworn, say that I have read the above petition and know what it says. e.
(Signature) Cevilie Tildh.	
Subscribed and sworn/affirmed to before me on (month, day, ye	ar) <i>06-08-2007</i>
John Malue	
Notary Public, Illinois	OFFICIAL SEAL MICHAEL A. MARINAKOS Notary Public - State of Illinois
	My Commission Expires Mar 29, 2011

NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.